



Notification for Underground Storage Tanks		STATE USE ONLY	
State Agency Name and Address UST Division, 4 th Floor, 401 Church St., Nashville, TN 37243-1541		ID NUMBER	
TYPE OF NOTIFICATION		DATE RECEIVED	
<input type="checkbox"/> A. NEW FACILITY <input type="checkbox"/> B. AMENDED <input type="checkbox"/> C. CLOSURE		A. Date Entered Into Computer _____	
_____ Number of tanks at facility _____ Number of continuation sheets attached		B. Date Entry Clerk Initials _____	
INSTRUCTIONS		C. Owner Was Contacted to _____	
Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.		Clarify Responses, Comments _____ _____ _____ _____	
GENERAL INFORMATION			
<p>Notification is required by Federal law for all underground tanks that have stored regulated substances at any time since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.</p> <p>The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.</p> <p>Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means:</p> <p>a) In the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances; or</p> <p>b) In the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.</p> <p>c) If the State so requires, any facility that has undergone any changes to facility information or tank system status, (only amended information needs to be included).</p> <p>What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances", and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. Industrial solvents, pesticides, herbicides or fumigants.</p> <p>What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:</p> <p>1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;</p> <p>2. tanks used for storing heating oil for consumptive use on the premises where stored;</p> <p>3. septic tanks;</p> <p>4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;</p> <p>5. surface impoundments, pits, ponds, or lagoons;</p> <p>6. storm water or waste water collection systems;</p> <p>7. flow-through process tanks;</p> <p>8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;</p> <p>9. storage tanks situated in an underground area (such as basements, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor;</p> <p>What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof, which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).</p> <p>Where To Notify? Send completed forms to:</p> <p>Underground Storage Tank Division 4th Floor, L & C Tower 401 Church Street Tennessee Department Environment and Conservation Nashville, TN 37243-1541</p> <p>When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.</p> <p>Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is given.</p>			
I. OWNERSHIP OF TANK(S)		II. LOCATION OF TANK(S)	
Owner Name (Corporation, individual, Public Agency, or Other Entity) _____ _____ Street Address _____ _____ City State Zip _____ County _____ Phone Number (Include Area Code) _____ Date of Purchase		If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Example Lat 42, 36, 12 N Long. 85, 24, 17W Latitude _____ Longitude _____ State Tax Map No. _____ State Tax Parcel No. _____ Facility Name or Company Site Identifier, as applicable _____ Street Address (P.O. Box Not Acceptable) _____ _____ City State Zip Code _____ County Municipality	

III. TYPE OF OWNER		IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <input type="checkbox"/> Private	Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/> Tanks are owned by native American nation, tribe, or individual. <input type="checkbox"/>	Tribe or Nation: _____
V. TYPE OF FACILITY			
Select the Appropriate Facility Description			
_____ Gas Station _____ Petroleum Distributor _____ Air Taxi (Airline) _____ Aircraft Owner _____ Auto Dealership	_____ Railroad _____ Federal – Non-Military _____ Federal – Military _____ Industrial _____ Contractor	_____ Trucking/Transport _____ Utilities _____ Residential _____ Farm _____ Other (Explain) _____	
VI. CONTACT PERSON IN CHARGE OF TANKS			
Name	Job Title	Address	Phone Number (Include Area Code)
VII. FINANCIAL RESPONSIBILITY			
I have met the financial responsibility requirements in accordance with 40 CFR Subpart H <div style="border: 1px solid black; width: 80px; height: 20px; float: right; margin-top: 5px;"></div>			
Check All that Apply <input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit	<input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify _____	
VIII. CERTIFICATION (Read and sign after completing all sections)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I. through XI. of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.			
Name and official title of owner or owners authorized representative (Print)	Signature	Date Signed	
EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked Attention Desk Officer for EPA. This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.			

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)					
Tank Identification Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Status of Tank (mark only one) <div> Currently In Use <input type="checkbox"/> </div> <div> Temporarily Out of Use (Remember to fill out Section IX) <input type="checkbox"/> </div> <div> Permanently Out of Use (Remember to fill out Section IX) <input type="checkbox"/> </div> <div> Amendment of Information <input type="checkbox"/> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation (mo./year)					
3. Estimated Total Capacity (gallons)					
4. Material of Construction (Mark all that apply) <div> Asphalt Coated or Bare Steel <input type="checkbox"/> </div> <div> Cathodically Protected Steel <input type="checkbox"/> </div> <div> Epoxy Coated Steel <input type="checkbox"/> </div> <div> Steel Composite (Steel with Fiberglass) <input type="checkbox"/> </div> <div> Fiberglass Reinforced Plastic <input type="checkbox"/> </div> <div> Lined Interior <input type="checkbox"/> </div> <div> Double walled <input type="checkbox"/> </div> <div> Polyethylene Tank Jacket <input type="checkbox"/> </div> <div> Concrete <input type="checkbox"/> </div> <div> Excavation Liner <input type="checkbox"/> </div> <div> Unknown <input type="checkbox"/> </div> <div> Other, Please specify _____ _____ </div> <div> Has tank been repaired? <input type="checkbox"/> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Piping (Material) (Mark all that apply) <div> Bare Steel <input type="checkbox"/> </div> <div> Galvanized Steel <input type="checkbox"/> </div> <div> Fiberglass Reinforced Plastic <input type="checkbox"/> </div> <div> Copper <input type="checkbox"/> </div> <div> Cathodically Protected <input type="checkbox"/> </div> <div> Double Walled <input type="checkbox"/> </div> <div> Secondary Containment <input type="checkbox"/> </div> <div> Unknown <input type="checkbox"/> </div> <div> Other, Please Specify _____ _____ </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Piping (Type) (Mark all that apply) <div> Suction: no valve at tank <input type="checkbox"/> </div> <div> Suction: valve at tank <input type="checkbox"/> </div> <div> Pressure <input type="checkbox"/> </div> <div> Gravity Feed <input type="checkbox"/> </div> <div> Has piping been repaired? <input type="checkbox"/> </div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)										
Tank Identification Number	Tank No. ____		Tank No. ____		Tank No. ____		Tank No. ____		Tank No. ____	
1. Installation										
A. Installer certified by tank and piping manufacturers	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Installer certified or licensed by the implementing agency	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Installation inspected by a registered engineer	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Installation inspected and approved by implementing agency	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Manufacturers installation check-lists have been completed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
F. Another method allowed by State agency. Specify.	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2. Release Detection (Mark all that apply)										
	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING	TANK	PIPING
A. Manual Tank Gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Tank Tightness Testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C. Inventory Controls	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D. Automatic Tank Gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
E. Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial Monitoring Double walled Tank/Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial Monitoring/Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic Line Leak Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Line Tightness Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other Method Allowed By Implementing Agency. Specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____		_____		_____		_____		_____	
3. Spill and Overfill Protection										
A. Overfill device installed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B. Spill device installed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.										
Installer: _____										
Name			Signature				Date			

Position					Company					